Atty. Dkt. No. 081847-0129



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

pplicant:

SCHNEIDER et al.

Title:

USE OF TWEAK MODULATORS AND INHIBITORS FOR THE TREATMENT OF

NEUROLOGICAL CONDITIONS

Appl. No.:

10/589823

Filing Date:

05/15/2007

Examiner:

Jennifer S. Pitrak

Art Unit:

1635

Confirmation Number:

2434

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Enclosed are:

02/08/2010 SDENBOB3 00000019 10589823

Amendment/Reply. [X]

01 FC:1801

810.00 OP

The filing fee is calculated below:

	Claims as Amended		Previously Paid For	-	Extra Prese	Claims nt		Rate		Fee Totals
RCE Fee 1.17(e):								\$810.00	=	\$810.00
Total Claims:	3	-	20	=	0		x	\$52.00		\$0.00
Independents	1	-	3	=	0		x	\$220.00	=	\$0.00
					(CLAIMS	FEE	E TOTAL:	=	\$810.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Extension for response filed within the third month:	\$1,110.00	\$1,110.00
EXTENSION FEE SU	\$1,110.00	
CLAIMS AND EXTENSION FEB	E TOTAL:	\$1,920.00
TO	TAL FEE:	\$1,920.00

A credit card payment form in the amount of \$1,920.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 4, 2010

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(617) 342-4001

Rouget F. Hensch

Rouget F. Henschel
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